DOCUMENT RESUME

ED 321 855 PS 018 914

AUTHOR Fenichel, Emily Schrag; Eggbeer, Linda
TITLE Preparing Practitioners To Work with Infants, Toddlers and Their Families: Issues and Recommendations for Parents.
INSTITUTION National Center for Clinical Infant Programs, Washington, DC.
SPONS AGENCY Smith Richardson Foundation, Inc., Greensboro, N.C.
PUB DATE 90
NOTE 34p.; A product of the Training Approaches for Skills and Knowledge (TASK) Project. For related documents, see PS 018 911-913.
AVAILABLE FROM National Center for Clinical Infant Programs, 2000 Fourteenth Street, North, Suite 380, Arlington, VA 22201-2500 ($5.00 per copy; set of four documents, $18.00. Add $2.50 shipping and handling for 1-2 copies; add $3.50 for 3-6 copies. 10% discount on orders of 7 or more copies.)
PUB TYPE Guides - Non-Classroom Use (055)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Child Caregivers; *Child Development; Continuing Education; Family (Sociological Unit); *Infants; Inservice Education; *Parent Child Relationship; Parent Materials; Parent Role; Policy Formation; Professional Development; *Professional Education; *Toddlers

ABSTRACT

Addressed to parents, this publication discusses issues and offers recommendations on the preparation of providers of services to infants and their families. Section I discusses parents as consumers of infant/family services. Section II discusses parents as leaders in policy development, including policies affecting the training of infant/family practitioners. Section III discusses parents as trainers of infant/family practitioners. Providing an agenda for action, section IV suggests priorities for collaborative action among parents, policymakers, educators, and professionals to improve the training of those who work with infants, toddlers, and their families. An appendix lists resources for further information. (RH)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED321855

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☒ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

PS 018914

Preparing Practitioners to Work with Infants, Toddlers and Their Families:

Issues and Recommendations for Parents

The TASK Project
Training Approaches for Skills and Knowledge

EMILY SCHRAG FENICHEL
LINDA EGGBEER
in collaboration with
The TASK Advisory Board

National Center for Clinical Infant Programs

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Emily Fenichel
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

TASK Advisory Board

Diane Bricker, Ph.D.; Professor of Special Education and Director of the Early Intervention Program, Center on Human Development, University of Oregon.

Barbara Fields, M.S.W., M.A.; Private practice, New York, with specialty in infant-parent relationships.

Jeree Pawl, Ph.D.; Director, Infant-Parent Program, San Francisco General Hospital, University of California, San Francisco.

Sally Provence, M.D.; Senior Research Scientist, Yale Child Study Center, and former president of The National Center for Clinical Infant Programs' Board of Directors.

Adele Richardson Ray, M.Ed.; Member, Advisory Board, Smith Richardson Foundation, Westport, Connecticut.

Georgina Sumner, R.N., M.S.; Director of the NCAST Program, University of Washington, Seattle.

Eleanor Szanton, Ph.D.; Executive Director, The National Center for Clinical Infant Programs.

Bernice Weissbourd, M.A.; President, Family Focus, Inc., Evanston, Illinois, and Family Resource Coalition, Chicago.

Val Wilson, B.A.; Parent of premature twins and staff member, Project Enlightenment, Raleigh, North Carolina.

Shirley Zeitlin, Ed.D.; Co-director of the COPING Project, John F. Kennedy Medical Center, Edison, New Jersey, and Director of the Coping Center, Loch Arbour, New Jersey.

Staff to TASK Project:

Emily Schrag Fenichel, M.S.W., Director

Linda Eggbeer, M.Ed., Assistant Director

Acknowledgments

The National Center for Clinical Infant Programs and the TASK (Training Approaches for Skills and Knowledge) Project gratefully acknowledge the generous support of the Smith Richardson Foundation, Inc. for the work of the TASK Project and the development of this publication.

The National Center for Clinical Infant Programs

The National Center for Clinical Infant Programs is a non-profit, tax-exempt corporation. It was established in 1977 by outstanding representatives from the fields of mental health, pediatrics, child development, and related fields, as well as community leaders, in order to improve and support professional initiatives in infant health, mental health and development.

Ordering Information

Four distinct but related documents have been produced by the TASK Project under the general title *Preparing Practitioners to Work with Infants, Toddlers and Their Families.* The four documents are subtitled:

A. Issues and recommendations for the professions
B. Issues and recommendations for policymakers
C. Issues and recommendations for educators and trainers
D. Issues and recommendations for parents.

Each document is available for $5/per copy. The set of all four documents is available for $18.00. For orders of 10 or more copies, the price is $2.50 per document. Additional price reductions are available for orders of 50 documents or more.

Shipping and handling charges:

$2.25 for orders of 1 or 2 copies
$3.50 for orders of 3-6 copies
10% of total purchase for orders of 7 or more.

Order from:

National Center for Clinical Infant Programs
2000 Fourteenth Street, North, Suite 380
Arlington, Virginia 22201-2500
Telephone: (703) 528-4300
Fax: (703) 528-6848

Payment, in U.S. funds, must accompany each order. Be sure to specify by letter or title the specific document(s) desired.

Copyright ©1990 by the National Center for Clinical Infant Programs

This publication may be reproduced entirely or in part by health, education and social service professionals; by parents; and by employees, officers, members, or trainees of non-profit organizations, governmental bodies or agencies, or educational institutions for non-commercial use, provided they acknowledge the TASK Project of the National Center for Clinical Infant Programs as the source and copyright owner of this material.

Cover Photo Credit—D. Michael Hostetter

Contents

Introduction 2

I. Parents as consumers of infant/family services 4

Assessing competence in infant/family personnel and programs 4
Relationships between parents and practitioners concerned with infants and toddlers 8
Concepts for communication between parents and practitioners 9

II. Parents as leaders in policy development 15

The importance of specialized training for infant/family practitioners 15
Four key elements of training for infant/family practitioners 16

III. Parents as trainers of professionals 21

Parents teaching practitioners through observation and interaction 21
What is ordinary, what is special, what is unique 22
Parents teaching practitioners in preservice, inservice and professional development programs 23

IV. Agenda for action 27

Appendix: Resources for further information 30

Summary

All practitioners who work with infants, toddlers, and their families need specialized knowledge and skills to address the unique developmental needs of children and parents in the first three years of life. In settings ranging from day care centers to newborn intensive care nurseries, specialized training is proving critical to the performance of staff and to improved developmental outcomes for infants and toddlers. Training programs in all health and human services disciplines face a formidable challenge: They must enable practitioners both to acquire the knowledge and skills of their own discipline and to adapt them to the specific requirements of work with infants, toddlers and their families.

Training is a lifelong proposition for practitioners working with infants, toddlers and their families. New research findings are continually expanding our understanding of the complexities of early development. New intervention approaches—most often involving close collaboration between parents and professionals, and across professions—are being tested and evaluated. To become and remain competent, infant/family practitioners need up-to-date preservice preparation, meaningful inservice training, and high quality continuing education opportunities.

The TASK (Training Approaches for Skills and Knowledge) Project of the National Center for Clinical Infant Programs has identified four elements of training that seem particularly likely to help individuals become competent infant/family practitioners. These include:

- A knowledge base built on a framework of concepts common to all disciplines concerned with infants, toddlers and their families;
- Opportunities for direct observation and interaction with a variety of children under three and their families;
- Individualized supervision that allows the trainee to reflect upon all aspects of work with infants, families and colleagues from a range of disciplines; and
- Collegial support, both within and across disciplines, that begins early in training and continues throughout the practitioner's professional life.

Preparing Practitioners to Work with Infants, Toddlers and Their Families is designed as a resource for four groups with a major stake in the training of infant/family personnel. These groups include parents, educators and trainers, practitioners from a variety of disciplines, and policymakers.

Preparing Practitioners describes how each of the four elements of training can be made a part of preservice, inservice and continuing education. The publication also discusses the evaluation of competence in individual practitioners and in service programs; describes promising training approaches that are currently underway; and summarizes in specific but non-technical language seven core concepts common to all disciplines concerned with infants, toddlers and their families. An Agenda for Action lists ten recommendations for improving the competence of infant/family practitioners by enriching the elements of training and addressing the context in which training and practice occur.

Introduction

Preparing Practitioners to Work with Infants, Toddlers and Their Families: Issues and Recommendations for Parents is one of four publications developed by the TASK (Training Approaches for Skills and Knowledge) Project* of the National Center for Clinical Infant Programs. The other three publications are addressed to professionals, to educators and trainers, and to policymakers.

Why did the TASK Project develop a publication on the training of practitioners specifically for parents?

We did so because parents have a major stake in the training of personnel to work effectively with infants, toddlers and their families.

- Virtually all parents are consumers of services designed to strengthen the health and development of very young children and their families. As consumers, parents need information to help them be sure that practitioners who work with them and their children are adequately trained.
- Some parents are advocates for children and families in their communities, in their states, and at the national level. Some parents are in policymaking positions in governmental, corporate and voluntary organizations concerned with infants and parents. Advocates and leaders need information about the importance of specialized training for infant/family practitioners**, about current patterns of training, and about policies that could expand and improve training.
- Some parents are taking on more formal roles in the training of professionals. They are producing books, articles, videotapes and other study materials describing families' experiences. They are presenting workshops in the community and teaching courses on the campus. They are inviting students into their homes and into their lives. Parents who are currently training professionals or are considering this role can use information about promising approaches underway around the country.

Parents, professionals, educators and trainers, and policymakers all have a stake in the training of personnel to work effectively with infants, toddlers and their families. In order to encourage communication among these four stakeholder groups, the TASK Project's four editions of *Preparing Practitioners to Work with Infants, Toddlers and Their Families* all contain identical material on core concepts for practice as well as a common agenda for action. The edition for each stakeholder group also addresses those issues related to the training of infant/family practitioners that are likely to be of particular concern to the publication's audience.

Preparing Practitioners to Work with Infants, Toddlers and Their Families: Issues and Recommendations for Parents includes three sections. Section I dis-

*The TASK (Training Approaches for Skills and Knowledge) Project of the National Center for Clinical Infant Programs began in 1988, with support from the Smith Richardson Foundation, Inc. The Project is guided by the expertise and insight of ten professionals and parents with many years of experience in working with infants, toddlers and families and in training practitioners. The activities of the Project are designed to provide a framework for thinking about key issues that will be meaningful to all groups involved with infants, toddlers and their families, and to develop a common language for dialogue.

Since early in 1988, TASK Project staff and advisors have created a nationwide communications network of approximately one thousand individuals who are engaged in some aspect of the training of infant/family practitioners. In addition, the Project has been involved formally or informally with a number of national and state personnel preparation initiatives related to the implementation of P.L. 99-457, the Education for the Handicapped Act Amendments of 1986. TASK staff and advisors have also developed a series of publications under the general title *Preparing Practitioners to Work with Infants, Toddlers and Their Families,* to assist each "stakeholder" group in addressing training issues of particular concern.

**A note on terminology: The term "infant/family" is used to preface the word "practitioner," "practice" or "personnel" in order to capture the twin focus that is at the heart of efforts to support the development of children between the ages of birth to three and their families. In this document "infant" is used to refer to a child anywhere between birth to three years of age. We also use the phrases "infants and toddlers" or "very young children" to refer to this age group.

The term "practitioner" as used in this document also requires clarification. A practitioner can be a professional, a paraprofessional, a parent, or a community volunteer. For purposes of this document, a practitioner is an individual engaged in substantial, ongoing activities designed to support the development of infants, toddlers and their families. To minimize confusion, a child is referred to as "he" throughout the document and an adult, unless otherwise specified, as "she."

cusses parents as consumers of infant/family services. Section II discusses parents as leaders in policy development, including policies affecting the training of infant/family practitioners. Section III discusses parents as trainers of infant/family practitioners. Section IV suggests priorities for collaborative action among parents, policymakers, educators and professionals to improve the training of infant/family practitioners.

Preparing Practitioners to Work with Infants, Toddlers and Their Families: Issues and Recommendations for Parents is being distributed primarily to organizations of parents and to family resource groups. Readers are encouraged to reproduce sections of the publication for their organizational use or for the use of individual parents, provided acknowledgment is made of the source. Readers are encouraged to contact NCCIP staff if they wish to translate or modify all or part of *Preparing Practitioners* to better meet the needs of particular parent audiences.

I. Parents as consumers of infant/family services: The quest for competence

Elena Garcia and Henry Jackson are parent members of the personnel committee of their cooperative child care center. Ms. Garcia has a three-and-a-half-year-old son in the center. Mr. Jackson has a four-year-old daughter enrolled in the center, and he and his wife are parents of a seven-month-old son. Because a number of families with preschoolers at the center now have or are expecting infants, the center's board of directors is considering adding an infant/toddler room. It is up to the personnel committee to develop a list of qualifications for the infant/toddler caregivers to be hired and to interview candidates. Both Ms. Garcia and Mr. Jackson agree that "warmth" belongs at the top of the list of infant/toddler caregiver qualifications, but they are uncertain about what training and experience to look for.

Milton and Linda Cooper have just called for an appointment at the Child Development Clinic of the children's hospital in their large midwestern city. Milton, 40, is a medical researcher; Linda, 38, had been a computer programmer before the birth of their first child, Suzanna, 10 months ago. Dr. and Mrs. Cooper say they are worried and exhausted by their daughter's persistent night waking, refusal to eat solid foods, and constant irritability. Their pediatrician has urged them to relax and let Suzanna outgrow her difficulties, but they can't bring themselves to take his advice. The Coopers are feeling inadequate as parents and increasingly irritable with each other. When Mrs. Cooper called to make the appointment at the Child Development Clinic she remarked, "I don't know whether we need a child development expert, a marriage counselor, or my grandmother."

Elena Garcia, Henry Jackson, and Milton and Linda Cooper are looking for competent people to work with them in the complex process of fostering their children's development in the earliest years of life. Depending on their circumstances, they may have many choices, few, or none. They may feel confident in the competence of the practitioners available to them, or they may have continuing questions. Once parents decide to work with a practitioner, both parents and practitioner will begin a process of establishing, maintaining and modifying their relationships.

This chapter will look at how parents can:

- **Assess the competence of individual practitioners and service programs;**
- **Establish, maintain and modify parent/practitioner relationships; and**
- **Learn and use a language common to parents and practitioners to talk about development in the early years.**

Assessing competence in infant/family personnel and programs

What does competence look like in an infant/family practitioner? Parents who are consumers of health, child care, early intervention and other services may find it useful to think about two related ideas: 1) individual competence and 2) "program competence."

Individual competence

Competence can be defined as the ability to do the right thing, at the right time, for the right reasons. Competence involves the capacity to:

- analyze a situation;
- consider alternative approaches;

"Competence generally requires a combination of knowledge, skills and experience. A diploma alone does not guarantee competence for work with infants and families. Competence must be demonstrated."

- select and skillfully apply the best observation or intervention techniques;
- evaluate the outcome; and
- explain each step of the process.

Competence generally requires a combination of knowledge, skills and experience. A diploma alone does not guarantee competence for work with infants and families. Competence must be demonstrated.

In considering the work of infant/family practitioners, it is important to recognize a continuum of competence. Whatever the discipline involved, the professional tends to move from an approach that follows learned patterns to a more independent practice, guided by the integration of experiences, increased knowledge, and sharpened observation. A new graduate of any training program, even one with infant/family content and supervised field experiences, begins practice on the first rung of the competency ladder and climbs from there. She gradually builds a repertoire of skills that reflect the principles and basic beliefs she holds about those with whom she works and about herself as a professional. She learns to deal with increasingly complex demands of daily practice. As she masters skills and deepens understanding, she begins to teach others as she continues to explore new aspects of the field.

This professional growth is not a given, however. Some practitioners seem unable to move beyond the novice stage; others seem to move very rapidly to positions of leadership; others experience some form of "burn-out" and become less competent over time.

To evaluate the competence of an infant/family practitioner, then, one needs to understand the particular demands of the job; the training and experience that the practitioner has brought to the task; and the rate at which competence is increasing.

The three examples that follow suggest the ways in which general competence may be reflected in some of the specific professional activities of different infant/family practitioners. One could just as well choose other examples to illustrate similarities and differences in the daily activities of practitioners from a variety of disciplines who work with infants, toddlers and their families in a range of settings.

The child care provider

A competent child care provider for infants and toddlers must develop a mutually satisfying and pleasurable relationship with each baby in her care while also attending to the group as a whole. Even the beginning provider must manage the basic skills of feeding, diapering and comforting that are required by infants each day and use these routines as opportunities to encourage particular areas of development in the child.

The competent child care provider develops positive relationships with parents. The caregiver with limited training or experience may be comfortable only with families who share her culture or values, while a more competent provider may be able to work with infants and families with a variety of characteristics and beliefs.

The competent child care provider can work effectively with other professionals on behalf of the infant and family. For the beginner this may mean incorporating guidance from a health care professional into her own activities. An experienced provider may contribute her own observations to a multidisciplinary assessment.

At every stage, the competent child care provider evaluates what she is doing on a continuing basis, reflects on how she could do it better, and is open to new learning.

The early childhood special educator

While the early childhood special educator will need many of the child care provider's skills in order to work effectively with infants with disabilities and their families, her daily practice may look very different from that of the child care provider. She will probably be working with child and parent together in a center, a hospital, or the family's own home. The infants she sees will have come to her attention because of some concern about their development. She will need to use her relationship with the family and resources in the environment to create experiences for the baby that will offer specific as well as general opportunities to develop social, motor, communication, self help, cognitive and behavioral skills.

Even the beginning professional is likely to be expected to contribute actively to a multidisciplinary team. The infant special educator will need sufficient verbal skills to develop oral and written analyses of the child and family circumstances and to discuss these formulations with other professionals as well as with the family.

The experienced early childhood special educator is likely to be responsible for supervising professional and paraprofessional staff, student teachers and interns. She will also be a resource to colleagues both in informal consultation and through contributions to professional organizations.

The neonatologist

The neonatologist may spend most of her days, and many nights and weekends as well, in the stressful world of the neonatal intensive care unit. Years of general and specialized medical training are brought to bear on critical decisions concerning the survival and physical health of very sick infants.

Even as a beginning specialist, the neonatologist is likely to be responsible for the supervision and training of junior staff and students. In order to support families of children in her care, the physician must be able to step back from the immediate crises and empathize with parents' concerns about the future daily lives of their infants. She must be able to deal with parents' fears about the limits of their own coping abilities and, when appropriate, to acknowledge and support their grieving. Resisting the temptation to appear all-knowing or all-powerful, she must respect and call upon the array of skills that other professionals and parents bring to the neonatal intensive care unit.

Certifying the competence of the individual practitioner

"Formal certification of competence requires a description of exactly what kinds of behavior are to be expected from a practitioner judged to be competent in a particular area."

Formal certification of the competence of the child care provider, the early childhood special educator, the neonatologist, or any other infant/family practitioner, requires a description of exactly what kinds of behavior are to be expected from a practitioner judged to be competent in a particular area. A certifying body would need either to observe competent behavior in practice or to be confident that performance on an examination reflected on-the-job competence.

For example, the Child Development Associate (CDA) Credential Award System was designed to assess the competencies of a person while she is working directly with children. The assessment process evaluates a candidate's performance in 13 functional areas over a 12-week period. Each competency area is broken down into a number of specific behaviors that can be observed in actual interaction between a caregiver and infants, toddlers and their families. When taken together, these observed behaviors indicate the presence or absence of that competency.

As part of the implementation of P.L. 99-457, the Education for the Handicapped Act Amendments of 1986, states are working to recognize or develop certification requirements for a variety of professionals and paraprofessionals who work in early intervention programs. Professions named in the legislation include audiologists, nurses, nutritionists, occupational therapists, physical therapists, physicians, psychologists, social workers, special educators and speech and language pathologists. States are also permitted to determine the specific occupational categories required to provide early intervention services to children and to revise or expand these categories as needed. The professions or disciplines need not be limited to traditional occupational categories.

Few professions named in the legislation have delineated the infant/family content in their discipline, let alone suggested mechanisms for certifying competence that are based on observation of actual practice. This difficult work is just beginning.

"Overall competence in an infant/family service program comes from a blend of more experienced and less experienced staff whose skills complement and enrich each other. Parents should ask about the ongoing training and supervision available to staff."

A consensus is emerging across a number of disciplines that the following general areas of competence are important for all practitioners working with both typically and atypically developing infants, toddlers and their families. These areas include:

- **Mastery of relevant information, data, concepts and theories;**
- **Adaptation of the knowledge, skills, and service approaches of a given profession to the particular circumstances and needs of children from birth to three and their families;**
- **Use of self-knowledge in collaboration with families, colleagues and others to support the development of infants and toddlers; and**
- **Continuing growth through study, research and reflection.**

It is the integration of knowledge and skills across these areas that is the hallmark of the competent practitioner. She must be able to apply knowledge and skills to the circumstances of individual infants and parents; be able to explain why she has chosen certain approaches; and be sensitive to the impact of her words and actions on the relationship with both child and parent. She must use her experiences, successful and unsuccessful, as material for further learning.

"Program competence"

Many parents will find themselves not only working with individual practitioners but also involved with a larger agency or program—for example, a child care center, a clinic, or an early intervention program. Thinking about competence in relation to such service programs raises a new set of questions. Parents will want to think about the combination of knowledge, skills and experience represented by the staff as a whole. Do these, together, meet the needs of the child and family?

Overall competence in an infant/family service program comes from a blend of more experienced and less experienced staff whose skills complement and enrich each other. Parents should ask about the ongoing training and supervision available to staff. They will also want to know what resources are available within or outside the program when special needs arise.

Parents should be aware that salary structures and extremely difficult working conditions in the field often prevent service programs from reaching or maintaining overall program competence. Poorly paying child care programs, for example, may lose their entire front-line staff in the course of a year, with demoralized caregivers frequently leaving the field altogether. Early intervention professionals, whatever their discipline or work setting, find it difficult to maintain a commitment to a work setting that imposes large caseloads and fails to offer adequate supervision or support. When these stressful circumstances occur, parents and practitioners need to work together to find ways to reduce barriers to program competence.

Implications for parents

Parents are often in a position to evaluate the competence of infant/family practitioners. They may be looking for a new resource for their family or hiring staff for a program. They may be thinking about how comfortable or satisfied they feel with a current practitioner.

A knowledge of the practitioner's professional credentials (diplomas, licenses, accreditation by a professional organization) will be helpful, but usually insufficient, to assess competence in working with infants, toddlers and families. Few credentials currently reflect any evaluation of the individual's actual practice with children from birth to three and their parents.

References from the individual's employers and colleagues, especially parents, may provide a richer picture of the practitioner's competence. The practitioner looking for her first infant/family position, however, may have had few, if any, experiences that are really comparable to the demands of the job she is seeking.

"Goodness of fit" or "chemistry" between parents and practitioner is a legitimate issue, discussed more fully in the following section. While parents, professionals and young children can

"Parents should feel comfortable about 'shopping around' for infant/family practitioners, just as they would for other kinds of services for family members."

certainly learn to adapt to each other's temperaments and styles, mutual respect, trust, and a degree of emotional warmth are necessary somewhere in the relationship.

Parents should feel comfortable about "shopping around" for infant/family practitioners, just as they would for other kinds of services for family members. The questions they ask and the responses they receive during this process can help parents become more informed consumers.

But it is important to remember that a professional does not have to be perfect in order to be competent. And a practitioner does not have to be competent in every area in order to be helpful.

Parents may find it useful to think carefully about where a practitioner is on a continuum of competence, and what the implications are for a child and family. Some parents, for example, will find it rewarding to work with a newly trained professional who is familiar with current research and is full of energy and enthusiasm. But they will want to be sure that this beginning practitioner can draw on the wisdom of more experienced colleagues and supervisors. Other parents will feel more at ease with a professional with many years of experience and an established reputation, even though this person's ability to focus on the range of family needs may be limited by a crowded schedule and competing responsibilities. Some parents, unfortunately, will have few, if any choices.

Relationships between parents and practitioners concerned with infants and toddlers

"When a parent and another adult undertake to work together to foster a baby's development, a relationship begins that may be enormously powerful and is always delicate."

When a parent and another adult undertake to work together to foster a baby's development, a relationship begins that may be enormously powerful and is always delicate. The parent/provider relationship must be of concern to anyone working with infants, toddlers and their families.

The power of parent/practitioner alliances

Parents of course have primary responsibility for their children. Yet parents should be able to rely on a variety of informal and professional partners who can contribute expertise and assistance. Ideally, these alliances should consist of relationships in which there is respect and cooperation around shared goals. But this is not always easy to achieve.

Forming and maintaining an effective partnership to assist an infant or toddler is a complex process. There are many ways in which such a partnership can become derailed. The issue is one of primary importance for both parents and professionals as they experience the strains that inevitably occur when people work closely together, particularly around difficult problems.

- Sometimes a parent/provider alliance is quite limited in scope—for example, the visits with a lactation counselor who helps get breastfeeding established, or a conversation with a staff person at a child care resource and referral agency. If these brief relationships bolster the competence and self-esteem of the parent and assist the infant, they are immensely valuable. But if the provider does not respect and understand a family's needs and goals, parents may come to question themselves in many small ways. They may even come to doubt their ability to be effective parents.
- Sometimes a parent/provider alliance is a long-term, complex one—for example, the relationship with a child care center where several children in a family may be cared for in turn, and where the center as a whole feels like a second home to both children and parents. A different set of long-term relationships develops among the parents of a young child with a chronic illness, the medical specialists

involved, and a parent-to-parent support group. All are likely to share years of progress, setbacks, crises, grief and joy. These relationships may become as rich and meaningful as family ties—for parents and providers alike—and they almost certainly will reflect the range of emotions, both positive and negative, that exist in any family.

- Sometimes parent/provider alliances are formed to address unmet needs of groups of infants and parents, rather than individual families—for example, for better housing, for family-centered health care within the community, or for more resources targeted toward children and families. These partnerships frequently are effective in improving services and bringing about significant positive changes in public policy. These partnerships offer an opportunity for personal and professional growth as issues and problems are addressed and resolved.

Whatever the duration and scope of a parent/practitioner alliance may be, a trusting and mutually respectful relationship is an essential element in the delivery of any service to young children and their families. The work involved in establishing and maintaining such a relationship is a considerable, but critical investment. Without such a relationship, information and offers of assistance are not likely to be useful.

The delicacy of parent/practitioner relationships

For relationships between parents and infant/family practitioners to work, an understanding of what each partner is experiencing is essential. Does the practitioner realize that parents will remember forever how information about an infant's disability was shared? Does the parent feel strongly that the pace of intervention is too slow? Is the practitioner frustrated by the limited time the parent is willing to spend on certain tasks? Attention must be paid to such issues from the beginning.

A commitment to listen and to try to uncover how the parent is experiencing the helping relationship can add a rich dimension to professional practice and give the parent a clear signal that his or her perspective is needed and wanted.

Both service providers and family members bring to the relationship unique knowledge and skills. In addition they bring attitudes and feelings based on their histories of involvement with their families of origin, their current families, and formal and informal helpers. Sometimes feelings are based on positive experiences of being cared for, respected, encouraged, and admired. Sometimes feelings reflect experiences of disappointment, neglect, fear or humiliation.

Practitioners need to be particularly attuned to their own responses to differences in cultural values and norms in the families they seek to serve. Negative judgments or a lack of understanding of a family's cultural heritage and customs are bound to interfere with the parent/practitioner relationship. One of the reasons that supervision is so important a part of good infant/family practice is that it offers practitioners an opportunity to examine their responses carefully, and to consider ways to strengthen relationships with families.

Relationships between parents and providers are likely to undergo change over time as the provider becomes less the "expert" and more the facilitator, and roles and responsibilities shift. Such partnerships can offer an opportunity for growth on both sides as issues and problems are worked on and hopefully resolved.

Concepts for communication between parents and practitioners

Whether they are parents or practitioners, how people act toward very young children and their families depends in large measure on how they think about them. People's thinking about babies, families, and how they develop in the

"People's thinking about babies, families, and how they develop in the earliest years of life reflects what people have observed, what they have read, what they have been taught, and what they have experienced, as children and adults."

earliest years of life reflects what people have observed, what they have read, what they have been taught, and what they have experienced, as children and adults.

The TASK Project has identified seven sets of concepts that have been especially helpful to parents and to practitioners in many disciplines. These concepts are not "facts," but rather ideas that help to organize what is known about infants and families and to suggest what is yet to be discovered or understood.

The concepts that are identified and summarized here will be familiar to many parents. They appear in books and magazine articles on infant development and parenting; they are illustrated in videotapes and on television. These concepts should be part of the training of any practitioner—regardless of discipline—who works with infants, toddlers and their families. These concepts are summarized below in language that is specific, but non-technical, so that they can be discussed with ease by parents, practitioners, educators and trainers, and policymakers.

Core concepts have been grouped into seven areas:

1) The nature of the baby (endowment, maturation and individual differences)

2) The power of human relationships

3) The experience of the infant in the world (transactions between the infant and the environment)

4) What we mean by "development" (developmental processes and their interrelationship)

5) Risk, coping, adaptation and mastery

6) Parenthood as a developmental process

7) The helping relationship

1. Endowment, maturation, and individual differences

"Concepts like endowment, maturation and individual differences describe what has traditionally been called an infant's 'nature.'"

Concepts like **endowment, maturation** and **individual differences** describe what has traditionally been called an infant's "nature."

The child's biological **endowment** at birth includes limbs, organs and sensory systems that may be intact or impaired. Endowment also includes the infant's capacity to organize the information coming in through his senses and his capacity to reach out to people and things. A baby's endowment is determined in part by his parents' genes but also by the environment within the womb and the events surrounding birth. The mother's nutrition, infections, use of drugs and psychological experiences affect the unborn baby. They also influence the development and behavior of the growing child.

There is presently little controversy about which is of paramount importance—nature or nurture. It seems clear that what is significant is the intimate interweaving of the infant's biogenetic endowment and the caregiving environment. The baby's unique endowment calls forth and begins to shape a particular spectrum of responses from the caregiving environment, most importantly the caregiver herself. At the same time, this environment influences and shapes the ways in which the baby experiences and organizes his world—each subtly shaping and modifying the other.

Maturation is a term used to describe the powerful force toward growth that is found in all children. Most babies exhibit this push at an expected rate and in an expected order. Basically healthy children begin to walk and talk at similar ages in a wide range of caregiving environments. Children who experience atypical development, however, are likely to mature in a less predictable fashion and present challenges to those trying to assist them.

Individual differences in infants are at work and can be observed at birth, and probably before. Almost any parent of more than one child is well aware of how

different infants are from each other. The term individual temperament is frequently used to describe a blend of characteristics, including activity level, physical sensitivity, adaptability, persistence, mood, and similar factors. During the last 50 years, researchers have found that differences in temperament have a powerful influence on how children behave and on how parents react to each child. Currently, experts in child development are looking at differences in how babies respond through each of their senses to the environment, how they process information, how they plan and coordinate movement, and how they learn.

The newborn infant's biological endowment, capacity for maturation and distinct individuality are intertwined concepts that include a view of infants actively organizing their world and shaping their lives beginning at birth.

2. The power of human relationships

"The quality of the relationship between a baby and the people who care for him every day affects the baby's development in all areas."

Several decades ago British pediatrician and psychoanalyst Donald Winnicott shocked his colleagues by declaring "There is no such thing as a baby"—only a baby and someone. Today, parents, practitioners, and researchers take it for granted that in order to understand the unfolding of developmental processes, one must look at the infant in the context of his environment and, most particularly, in the context of his relationships with the caregivers in his life.

Healthy babies are born prepared to become attached socially and emotionally to one or more responsive caregivers. Babies who have illnesses, disabilities or other conditions that interfere with their ability to form and enjoy human relationships require more than the usual kinds of care to promote their emotional involvement with others. They also require an especially sensitive attunement to their earliest cues and needs.

The quality of the relationship between a baby and the people who care for him every day affects the baby's development in all areas. The infant's very ability to think and to feel is developed through relationships. In addition, the quality of important relationships teaches the infant or toddler what to think and feel about the world and the people in it: Is the world an interesting or a frightening place? Can human beings be depended on, or should they be avoided? Are his feelings about himself and others important or not? Because relationships are so crucial to the unfolding of developmental processes, separation from a caregiver or loss of an important early relationship has an immediate impact and may also reverberate through childhood and beyond.

Human relationships are important to adults as well as to infants. Relationships with spouses, family members, friends, neighbors, co-workers, supervisors, teachers and helping professionals can be sources of pleasure, support or stress. Loneliness, the absence of meaningful relationships, is a tremendous burden. The quality of a parent's adult relationships will affect the parent/infant relationship, as will the quality of the relationship between the parent and practitioners involved with the family.

A parent's relationship with a particular baby is influenced by relationships among all members of the family, as well as by the infant's individual qualities. Researchers continue to discover more facets of the enduring impact of family relationships, even across generations.

Pregnancy, the process of adoption, the birth of a baby, and the presence of a developing infant in a family can evoke memories and feelings and reactivate patterns of behavior and expectations. New parents are often amazed to find themselves behaving "just like" their own mothers and fathers. At the same time, the birth of a child is always a new beginning. The baby becomes the center of a set of relationships that never before existed. Hope for the infant's future often mobilizes the adults in his life to repair, strengthen, or create positive relationships that will help the whole family to grow.

3. The experience of the infant in the world (transactions between the infant and the environment)

"The concept of the baby's experience is important to keep in mind."

Enduring and responsive human relationships are critical for the infant. During the first three years of life, the safety, comfort, level and variety of stimulation available in the physical environment also affect developmental processes. It is the baby's caregivers, however, who mediate his world. Through the physical environment and the experiences they offer, they activate, nourish, and facilitate growth within and across all developmental areas or, conversely, act in ways that impede progress.

The concept of the baby's experience is important to keep in mind. By experience is meant what the world feels like to the baby, as he learns about it through his senses and his interactions with people and things. Thus the experiences of two infants in the same playroom with the same caregivers will be different. One child will explore every corner and reach out confidently to other children and caregivers. Another infant may be disturbed by noise, heat or chemicals in the rug, and shy about approaching children or adults. The two babies seem to be sharing the same environment, but their experiences are uniquely their own.

4. What we mean by "development" (developmental processes and their interrelationship)

"Developmental processes are interrelated, especially during the period from birth to three years. The baby's physical growth, sight and hearing, motor development, language, intellectual understanding, social skills and emotional growth all are taking place at the same time and all affect each other."

Although the word development is often used casually, the concept of development refers to a complex process. Several aspects of development are particularly important to understanding the earliest years of life.

Developmental processes are interrelated, especially during the period from birth to three years. The baby's physical growth, sight and hearing, motor development, language, intellectual understanding, social skills and emotional growth all are taking place at the same time and all affect each other. The baby's interaction with the human and physical environment affects each area of development and affects them in combination. Thus, for example, a positive experience with a caregiver may encourage problem solving and language development as well as emotional growth.

Phases, stages and milestones are useful concepts in observing development. Anyone who spends time with very young children will be struck by the remarkable achievements and changes in ability and behavior that typically occur during the first three years of life. At some points, if the child's growth is proceeding typically in its multiple domains and the environment is reasonably encouraging, new levels of developmental organization will be evident. Awareness of major developmental **milestones,** like walking and talking, has been expanded to include cognitive, social and emotional landmarks.

The concepts of **continuity, change,** and **prediction** are useful in thinking about how growth takes place. Researchers have addressed questions such as: What characteristics of an infant tend to remain stable over time? To what extent do critical times exist for certain kinds of development? What predictions can be made from earlier to later functioning? These are the kinds of questions that parents, particularly parents of children with disabilities or chronic illness, ask often in one form or another. Although answers to these questions are

far from clear, these issues are ones with far-reaching implications for the structure and content of services to support the development of young children and families, and for training.

5. Risk, coping, adaptation and mastery

"Babies do not simply endure adversity; they cope with it."

Although adults strive to protect children from needless suffering, it is clear that pain and frustration are a part of life, even for infants and toddlers. Researchers have studied risks to development and the processes of coping, adaptation and mastery of challenges. A wide range of factors, including handicapping conditions, birth injuries, poverty, and parental stress, have long been identified as risks to the healthy development of young children. Researchers are now pointing to the accumulation and interaction of multiple risk factors as much more damaging than any single source of stress.

But babies do not simply endure adversity; they cope with it. If adults can observe and understand how infants marshal their own resources and help from caregivers to cope with the challenges of their world, they will be better able to encourage the young child's creativity and initiative.

In considering the infant's adaptation to the environment, attention to the quality of the child's experience and the "cost" of adjustment is essential. Healthy adaptation may be seen, for example, in the toddler who consistently obeys his parent in unfamiliar surroundings but can be occasionally full of two-year-old mischief in the safe environment of home. Much different is the adaptation of a baby who is always quiet and passive in the presence of an abusing parent. While this behavior may ensure his survival in the short term, in the long term it is likely to constrict the child's social and emotional development.

Most infants and toddlers exhibit both adaptive and maladaptive behaviors. The important thing to consider is the ways in which a particular child balances inner needs or conflict with the reality of the caregiving environment.

The concept of mastery is helpful in understanding not only how babies overcome obstacles but how they learn in general. The infant's pleasure in discovery and delighted recognition that he has mastered a skill important to him provides the emotional incentive for further efforts. Curiosity and persistence will take the child far in learning. What is required, then, is caregivers who are sensitively attuned to the infant and who can engage in reciprocal rather than one-sided interactions.

6. Parenthood as a developmental process

"Parenthood is a developmental process, with its own challenges, stages, and demands for adaptation and accommodation."

Parenthood is a developmental process, with its own challenges, stages, and demands for adaptation and accommodation. It is generally acknowledged that few parents come to the task with formal training. As parents assume new roles and responsibilities, their attitudes toward the newborn and the growing infant are influenced by their previous experiences of nurturing and being cared for, by their cultural heritage, and by current realities in their life situation. Also important are the support available to them from each other and from other family members and friends, and the characteristics of the child himself, including any illness or disability he might have.

The family can be seen as an evolving system, influenced by each of its members. In the first three years of life, the rapidly changing capacities and needs of the child stimulate different reactions in parents, which then influence subsequent relationships between and among all family members.

Parents of young children often recall and re-experience unresolved pain and

conflicts from their own early years. When these issues can be worked through, parents may achieve greater maturity and well-being for themselves, as well as a happier array of experiences for their own children.

7. The helping relationship

"The quality of the relationship between parents and practitioners is critical to any effort designed to support the development of infants and their families."

Relationships between parents and practitioners have been discussed on pages eight and nine above. The quality of the relationship between parents and practitioners is so critical to any effort designed to support the development of infants and their families that the issue required attention early in this publication.

But it is also important to list "the helping relationship" as a core concept that belongs in the training of infant/family practitioners and in the vocabulary of parents. Practitioners and parents alike have too often made the mistake of thinking that their relationship is not particularly important, as long as the baby is getting adequate care in the day care center, hospital, or whatever setting is involved. But as the significance of the partnership between parents and practitioners on behalf of the child is understood, it also becomes important for practitioners and parents to study what goes into an effective helping relationship. This process will help such partnerships be established, discussed and strengthened.

II. Parents as leaders in policy development

When Bryan Dougherty was born with spina bifida six years ago, his father, Tom, was appalled at the idea that a public health nurse would be coming to the family home to visit. In the community in which he had grown up, "everyone knew" that public health nurses only visited families with dirty houses or neglectful parents. But Tom and his wife Megan allowed the public health nurse to visit, and over the course of Bryan's first three years, the Doughertys found that they had developed helpful relationships with the nurse, with staff of a community early intervention program, and with a parent-to-parent support group.

The Doughertys' involvement in the parent group in their own community led to advocacy at the state level for infants and toddlers with special needs. Recently, Tom has been appointed to the Committee on Personnel Preparation of his state's Interagency Coordinating Council under the Education for the Handicapped Act Amendments of 1986 (P.L. 99-457). The committee has been charged with developing a plan for interdisciplinary preservice and inservice training of early intervention practitioners.

Amanda Klein is the president of a local chapter of a national women's volunteer service organization. This organization has for many years been concerned about the quality of child care in the United States and has made infant/toddler care a priority issue for the current five-year period. The members of Ms. Klein's chapter are particularly interested in helping family day care providers become trained to care for infants and toddlers with disabilities along with typically developing children.

Ms. Klein estimates that fewer than ten percent of family day care providers in her community are licensed. Beyond one or two sessions at an annual weekend workshop, no training in infant/toddler caregiving is available in her community for these practitioners. She would like to discuss opportunities to strengthen family day care in her city with administrators at the state Department of Human Resources, which oversees child care licensing and regulation. Ms. Klein is also prepared to enlist the resources of other chapters of her organization throughout the state to begin a legislative campaign for improvements in the child care system. Recognizing that better training, higher salaries, and improved monitoring are all important, Ms. Klein is not sure which issues to push with administrators and legislators.

The importance of specialized training for infant/family practitioners

"Parents are likely to know first-hand that practitioners who work with infants, toddlers and their families need specialized knowledge and skills to be helpful to children and parents in the early years of life."

Parents who are involved in the process of developing public policy concerning the qualifications and training of practitioners who work with infants, toddlers, and their families are likely to hear two common arguments. Some people will insist, "You don't need any special training to take care of a baby. All you need is love." Other people will agree that professionals may have an important role in the lives of infants and parents, but they will ask, "Why should a licensed occupational therapist (or speech/language pathologist or nurse or child care provider) need special training to work with babies?".

Like Tom Dougherty and Amanda Klein, parents who have had the experience of working with infant/family practitioners may be able to bring unique information to policy discussions about training.

Parents are likely to know first-hand that practitioners who work with infants, toddlers and their families need specialized knowledge and skills to be helpful to children and parents in the early years of life. As one parent put it, "We needed a therapist who knew how to work with 18-month-olds, who knew how to work with 18-month-olds with Down Syn-

drome, and who knew how to work with Timmy."

Parents are likely to know, also, that training must involve the emotions as well as the intellect. Awareness of powerful attitudes and feelings are as essential as the acquisition of scientific knowledge and therapeutic skill. As another parent wrote, "(It was not) the technical expertise or years in training of our two visitors (that) made them valuable resources for our family. Rather the visitors' ability to look into their own lives for times of utter dismay, distress, crisis and sadness made them much more useful resources for Matt and me."

Parents are likely to be well aware that training should be a lifelong proposition for practitioners working with infants, toddlers and their families. Parents of very young children will realize that practitioners need to know about pressures on today's families that may not have existed ten years ago. Some families of infants and toddlers will have had experiences with new medical or therapeutic approaches that demand up-to-the-minute training. Parents of older children may have an excellent perspective on how health care, early intervention, child care and other services have changed during their children's lifetimes. Advances in knowledge, changes in service systems, and advances in parent/practitioner collaboration all require training.

Parents can draw on their own experiences and on experiences of other families to help policymaking groups understand the importance of specialized, ongoing training for practitioners who work with very young children and their families. What should such training look like?

Four key elements of training for infant/family practitioners

"Members of the TASK Project have identified four elements of training that are likely to help individuals become competent infant/family practitioners."

Through analyzing features of highly regarded training programs, reflecting on the experiences of seasoned teachers from a variety of professional backgrounds, and listening to practitioners describe their own most meaningful training experiences, members of the TASK Project have identified four elements of training that are likely to help individuals become competent infant/family practitioners.

These elements can be found in preservice training, inservice training, and in professional development initiatives.

1. The knowledge base of any training program for infant/family practitioners should be built on a framework of concepts common to all disciplines concerned with infants, toddlers and their families. The core concepts described in the preceding section offer a framework for existing and new knowledge, help to integrate knowledge from different disciplines, and suggest guides for practice. Thus a course in maternal and child health at a school of public health which pays attention to the emotional relationship between mother and child and the importance of parent/professional collaboration would build on the framework. So would an inservice opportunity to learn how to encourage better coping skills in infants with disabilities.

2. Opportunities for direct observation and interaction with a variety of children under three and their families are an essential element of training. Contact may involve such diverse activities as systematically observing parents and infants, providing respite care for a family with a toddler with disabilities, or taking full responsibility for a well-baby exam. Opportunities to get to know infants and families who are doing well help the practitioner to be more astute about those who are in need of special services.

3. Individualized supervision allows the trainee to reflect upon all aspects of work with infants, families and colleagues from a range of disciplines. The supervisor helps the trainee review the information she has gathered and the choices she has made in practice. Questions and comments may direct the trainee to new lines of inquiry or alternative interven

"Much more than a fondness for babies is required to be effective in working with them and their families."

tion strategies. The supervisory relationship also affords the trainee a safe place to examine both positive and negative feelings aroused by infants, families and colleagues, and to formulate professional responses.

4. Collegial support, both within and across disciplines, should begin early in training and continue throughout professional life. Group academic projects, informal contacts, and student affiliation with infant or family-related professional and advocacy organizations can add to a feeling of connectedness with others who are working toward common ends. Early and continuing interdisciplinary experiences in classroom and clinical settings are extremely important in helping practitioners learn how to collaborate with a variety of other colleagues in a field that requires interdependence.

Taken together, these four elements of training involve both process and content. This blend would undoubtedly be helpful in the training of all human services professionals. Attention to both process and content is essential in the training of infant/family practitioners.

The following pages describe some of the goals, methods and unmet needs currently found in preservice training, inservice training, and professional development for infant/family practitioners. Strategies are suggested for including the four key elements listed above in training experiences at every level. The discussion is fairly extensive, in order to give parents in leadership positions a sense of the issues and possibilities for improvement in infant/family personnel preparation.

Preservice training

Much more than a fondness for babies is required to be effective in working with them and their families. Practitioners coming into the field of infancy need to understand how development unfolds and what roles the parent and other caregivers play in providing the baby with growth enhancing experiences. Yet surveys of preservice training programs and requirements in a range of professional disciplines dealing with young children reveal a paucity of infancy content and little preparation for either understanding or working with families. Moreover, the stringent curriculum requirements of professional schools and the shortage of faculty with expertise in infancy suggest that the situation is unlikely to change spontaneously.

While the possibility of a new professional discipline focusing on child and family development in the first three years of life has been discussed, members of the TASK Project believe that a specialization in infancy needs to rest on a solid foundation of preservice training within a professional discipline.

The four key elements in training should be part of such a foundation.

1. Students preparing for infant/family practice in any form need the chance to explore and understand core concepts about the unfolding of developmental processes. Given the already rich state of current knowledge, teachers and students alike will inevitably be frustrated by the comparison of what one should know before beginning work with the limited amount one is likely to absorb in the time available for academic preparation. However, an able learner who knows what she does not know will be able to fill out her conceptual framework over time.

2. Opportunities for direct observation and interaction with a variety of children under three and their families encourage students, from the beginning of their training, to consider parents as an integral part of any attempt to address the child's needs.

At a minimum, experience should include observations of infants, especially in interaction with their parents, and an opportunity for the student to reflect on these observations in written or oral reports. Also valuable are opportunities for interaction, such as supervised work in a child care setting, participation in a parent/infant play group, or provision of respite care to a family with an infant or toddler with special needs.

Contact should also encourage awareness of the tremendous individual variations in typical and atypical development and of cultural differences in childrearing practices and family life. Students need to learn to appreciate the great variety of culturally diverse, adaptive, growth enhancing responses on the part of parents to important developmen-

tal issues and events, as well as responses that may be less adaptive and facilitating to ongoing development.

Parents as teachers in the classroom, parents' writings in curriculum materials, and the use of videotapes of infants, toddlers and their families to supplement direct observation are also ways to help preservice students appreciate the complexities of early development and family life.

"The purpose of inservice training is to make a particular service program more effective."

3. At the preservice level, the element of supervision may actually be more like mentorship. Something must occur to motivate a student to specialize in work with infants and families and that something is often contact with a teacher who is passionately involved in the field. If a crowded required curriculum limits the courses in infant and family issues that are available to the student, a mentor can suggest relevant topics for student research papers within required courses, monitor independent study, and suggest appropriate summer learning experiences. As institutions of higher education form infant/family consortia, faculty members can guide promising students to joint courses or exchange opportunities.

4. Since collaboration among a number of disciplines is essential to provide comprehensive, integrated services to very young children and their parents, collaboration should begin in preservice training. At this level, class discussions, group research projects, and team field experiences can offer opportunities to develop and practice collaborative skills, within or across disciplines. Again, reflection should be encouraged, with students asked to observe group process and their own contributions to group achievements or difficulties. Since infant/family work often occurs within an agency or institution, students should have the opportunity to discuss and compare, as a group, their own field placements and to explore the characteristics of more or less supportive work settings.

The development of a positive professional identity can be encouraged by linking students to organizations of practitioners in the multidisciplinary field of infancy. If infant/family coursework at a particular university is limited, students may be guided to appropriate sequences of presentations at professional conferences. This kind of involvement may motivate a student to begin to explore the infant/family literature and further opportunities for training.

It must be emphasized that, while preservice training programs incorporating the four elements described above do exist, they are far from the norm. More typically, the lack of adequate preservice training limits the competence of new-to-the-field practitioners.

Beginning practitioners (and their employers) depend on an ability to adapt existing skills, an openness to new approaches, and a sense of dedication to offset their lack of basic knowledge and inexperience. In some instances, special talents and unique personal qualities help the beginning practitioner to address complex and interrelated infant and family needs but this is often not the case.

While more adequate preservice training in work with infants and families may in time be available, or even a requirement, for entry-level practitioners in service programs, current personnel shortages and pay scales are such that inservice training is a necessity for most new practitioners.

Inservice training

The purpose of inservice training is to make a particular service program more effective. Directors of community-based family support programs, primary health care facilities, child care centers serving infants and toddlers, or early intervention programs for young children with disabilities typically operate with new and veteran staff members. Staff often come from different disciplines and each has individual training needs. To address issues of both individual and program competence, inservice training must balance the needs of the program for skilled performance within its areas of responsibility with the needs of individual employees to gain competence and maintain interest and satisfaction in their work.

The four elements of infant/family personnel preparation are readily discernible in effective inservice training.

1. The knowledge base or content of inservice training may involve concep-

tual or factual information, a hands-on skill, or a procedural aspect of service delivery. Thus a family support program in a community with an expanding Korean population might plan one or more sessions for staff on aspects of Korean culture relevant to childrearing, family patterns, and use of community services. Child care providers for infants and toddlers might learn specific techniques for incorporating emotional communication into daily routines for physical care. Staff of an early intervention program might spend considerable time learning the rationale and methods for developing Individualized Family Service Plans as required by P.L. 99-457, with training involving lectures, readings, role-playing and supervised practice.

2. In inservice training, observation and supervised interaction with infants and families makes possible the application of principles and techniques "learned" in lectures or workshops. Such hands-on contact seems to be critical if new knowledge is to be effectively incorporated into practice. Moreover, as practitioners move into administrative positions or as individuals with backgrounds in fields other than infancy are given administrative responsibility for infant/family programs, contact with babies and families may no longer be a part of daily experience. Administrators and policymakers may benefit greatly from systematic opportunities to learn from families about the impact of policies and to observe infants and toddlers in their homes and in service settings.

3. Supervision may be the single most important element of inservice training for infant/family practitioners. The purpose of supervision is, to a large extent, the acquisition and use of self knowledge. Supervision should not be simply a monitoring process, but rather an ongoing relationship in which attention is paid to the individual practitioner's emotional responses to the infants, toddlers and families with whom she works; to her degree of comfort in carrying out program goals; and to other aspects of her work situation as well. For a practitioner to feel secure in scrutinizing her work and her feelings, there must be trust in the supervisory relationship and time regularly devoted to supervisory sessions. The supervision must come from someone who has "been in the trenches" and who has the respect of those she supervises. If meaningful learning is to occur through supervision, sessions cannot be postponed or missed because of "more important" demands, nor can they simply be exercises in crisis management.

4. Mutual support among colleagues is essential for individual professional growth and for effective service delivery. Much has been written about the complex process of developing mutual respect and interdependence among members of multidisciplinary teams serving young children and their families. Even if practitioners have a professional background in common, effort is required by administrators and front-line service providers alike to create an atmosphere of openness, collaboration, and support for the expression of feeling. It is particularly important for service programs to create the conditions in which staff members can deal constructively with negative feelings. Unfortunately, work with infants and families often involves occasions in which anger, fear, helplessness, jealousy, guilt or sadness are appropriate human responses. Without opportunities to acknowledge these feelings, discuss them, and find ways to channel them into appropriate professional responses, morale among staff may drop dangerously and families may be poorly served. Thus, an effective team needs to develop opportunities for sharing the satisfactions and frustrations of members' jobs and an effective way of dealing with the inevitable difficulties that arise among the members of a group performing difficult work.

Professional development

The term "professional development" is used here to describe a wide range of training experiences that may accomplish one or more of the following goals:

- Helping an individual practitioner to remain abreast of expanding knowledge in the field in order to perform competently according to current standards of practice;
- Allowing an individual to move into a different but related discipline to the one in which preservice training

"The term 'professional development' describes a wide range of training experiences."

occurred, to get advanced training in her original professional discipline, or to participate in interdisciplinary training: (For some professionals, these will be "preservice" experiences, but many practitioners find it both economically necessary and intellectually desirable to work for a number of years before engaging in further academic study.);

- Preparing an individual for a leadership role in her institution or service system;
- Offering training in skills such as case management or staff supervision that are seldom included in preservice or inservice training;
- Energizing practitioners through brief exposure to new research, best practices, etc. (not to be seen as a substitute for systematic, ongoing inservice training);
- Offering formal and informal training opportunities to professionals from a number of service programs in a community on an ongoing basis.

A look at how the four training elements play a role in professional development initiatives suggests both similarities to and differences from preservice and inservice training.

1. The knowledge base depends on the perspective of the learner. As suggested above, the preservice content of one discipline will be new to an experienced practitioner with a different background. At the same time, a mature professional who already has a solid conceptual framework into which to integrate new knowledge will require a different teaching approach than a student with no professional training or work experience. Thoughtful planning is needed if each student's contributions, needs, and learning styles are to be addressed.

2. "Observation and interaction" in the context of professional development may certainly be with infants and families but may also be with other adults. In training for professional development, the practitioner is likely to need to observe and interact with infants, families, and other adults from the perspective of the new role she is learning. For example, an early intervention practitioner who is accustomed to brief contact with parents of infants with disabilities will need practice in shifting her role from "teacher" to "partner."

3. Supervision in the course of professional development activities may be similar to preservice or inservice experiences if the practitioner is learning a new skill or body of knowledge. Supervision can also include consultation. This may occur with peers or with professionals with special expertise; include review of one's work by journal editors or conference program committees; or encompass evaluations by one's own students.

4. Collegial support is frequently cited as one of the chief benefits of a career working with infants, toddlers and their families. People who want to work with babies and their parents tend to make empathic and interesting colleagues. The problem is that infant/family practitioners are often isolated from each other (each serving as the "baby person" in her own setting) or so overburdened by daily demands that they neglect their own need for communication with colleagues. National, state and local organizations of infant/family professionals frequently provide a sense of connection through large and small meetings, publications, informal networking, and advocacy.

Successful program administrators recognize that budgeting time for individual professional development is an important precaution against staff burnout. In setting standards, monitoring programs, and allocating resources, policymakers would be wise to facilitate networking and reduce isolation to the fullest extent possible.

III. Parents as trainers of professionals

Every Wednesday at 6:30 p.m. for the last eight-and-a-half months, David Tobin has come to the home of Charles and Sonya Singh to observe the development of their daughter Chandra. David is studying for a master's degree in child development. He has been observing Chandra since her birth and will be continuing to visit the Singh family for an hour each week until Chandra's second birthday. When David is at the Singhs' home, he sticks close to Chandra. When she was a newborn, he sometimes spent his entire visit watching her sleep. Now he sees Chandra crawling everywhere—especially to the front door when she hears Charles' key in the lock.

David came to know Mr. and Mrs. Singh through their nurse-midwife and received permission from both Mr. and Mrs. Singh to observe their daughter's development toward the end of Mrs. Singh's pregnancy. Mrs. Singh has found that David's weekly visits make her more aware of Chandra's unfolding development. Mr. Singh is becoming a bit less pleased with the arrangement. Since Chandra has grown into such an appealing and playful "daddy's girl," Mr. Singh finds that he wants his daughter all to himself when he gets home.

Sara Carpenter will never forget the way she learned of her one-year-old son's deafness. The news came in a five-minute telephone call reporting test results. Sara, a single parent, was alone at the end of the telephone.

Four years later, Sara is co-teaching a university seminar on parent/professional partnerships that includes medical, nursing, social work, speech/language and special education students. She has also led a number of workshops at early intervention programs in her city. When Sara was invited to accept a faculty position, her first thought was that by teaching professionals-in-training she could protect other parents from the insensitivity she experienced. Now she sees that students, as well as parents, are vulnerable. When she speaks openly to students from a parent's perspective, she finds that they often are able to talk about their own concerns and fears about the emotional and technical demands of infant/family practice.

Parents teaching practitioners through observation and interaction

"Only by observing real children and parents can students make the connection between theory and the real world."

"Opportunities for direct observation and interaction with a variety of children under three and their families" represent one of the four key elements of training for infant/family practitioners identified by the TASK Project. The previous section described how these opportunities might be incorporated into various levels of training. Parents can make invaluable contributions to this aspect of the training of infant/family practitioners, acting as both informal and formal teachers.

There is a difference between learning about families and learning from families. Direct observation of infants, toddlers and their families is fundamental to the training of infant/family practitioners. Written materials and classroom teaching can provide a wealth of information and ideas, but only by observing real children and parents carefully can students make the connection between theory and the real world—or see where theories fail to fit reality.

While some things can be learned from one-time observations of children and parents, a much richer understanding emerges from multiple contacts over time. Parents like the Singhs make an important contribution to the training of infant/family practitioners by allowing students to observe regularly the development of a child within his family setting as development unfolds.

Interaction with children and families, in a variety of service settings including the home, allows trainees to develop new understanding and practice new skills. But what does it mean for a family to

be "practiced on"—especially when a baby is involved?

"Parents should be sure that they know when a practitioner they are working with is a trainee. Parents should think through their feelings about this relationship."

Parents should be sure that they know when the practitioner they are working with is a trainee. Parents should think through their feelings about this relationship. Feelings are likely to be mixed. Parents may feel quite positive about the individualized attention that their toddlers get from student caregivers in a child care center. They may at first feel uneasy knowing that a group of student nurses, doctors, and psychologists are watching the developmental assessment of their infant from behind a one-way mirror—yet they may recognize how important the experience is for students' learning. Parents may establish a close and mutually rewarding relationship with a student social worker and feel confident in her skill and the support offered by her supervisor. Yet this very trust and closeness may cause them to feel especially disappointed that their relationship will come to an end upon the student's completion of her training.

As in any parent/practitioner relationship, there are positive and negative aspects to the relationship between a family and a practitioner in training. Good infant/family service and training programs will work hard to ensure that parents, children and trainees all benefit from their relationship.

Involvement with a variety of children under three and their families may be the best way to protect students and practitioners from any tendency to prejudge infants and parents. Stereotypes may come from research findings that may be generally true but do not apply to every individual in the group (teen or single parents, for example). Stereotypes may derive from theory that is generally useful but not universally applicable (it should not be assumed, for example, that every parent of a newborn with a disability is grieving). Some stereotypes may be so embedded in a student's early upbringing that she is not even aware of them—until contact with an actual child and family provides an opportunity for the student to confront and reexamine her biases.

Parents, being human, may have biases of their own. Some parents may feel that a practitioner who has no children of her own will not be able to understand or help them. Some parents may have fixed ideas about how members of a particular profession or a particular cultural background may be likely to think and behave. Talking honestly about differences and their meaning in the context of a mutually respectful helping relationship can be an invaluable opportunity for both practitioners and parents to learn.

What is ordinary, what is special, what is unique

"The ideas and experiences of parents are becoming an increasingly important part of the training of infant/family practitioners. Parents are teaching practitioners what is ordinary about their family's experience, what is special, and what may be unique."

The ideas and experiences of parents are becoming an increasingly important part of the training of infant/family practitioners. Parents are teaching practitioners what is ordinary about their family's experience, what is special, and what may be unique.

It is important for infant/family practitioners to learn that most parents of infants and toddlers have many experiences and needs in common—for example, the experience of working for a living and needing to find affordable child care of acceptable quality. Dual-career married parents, single parents, Hispanic parents, black parents, Asian-American parents, Native American parents, teen parents, parents with disabilities, parents whose children have disabilities, natural parents, adoptive parents, foster parents, inner-city parents, rural parents, and families with a parent at home full-time are all caught in *some* version of the child care dilemma.

Parent voices can also help infant/family practitioners appreciate what is special about their experience of raising an infant or toddler. Parents can help practitioners learn to be sensitive to the childrearing traditions of the many cultures in this country. They can help students recognize how differing family characteristics and values may affect children's and families' approaches to

the challenges of early development. They can teach practitioners what it feels like to cope with the challenges of caring for an infant or toddler with a serious illness or disability.

Parents can teach infant/family practitioners to recognize the uniqueness of every child and family. No family's story is exactly like any other's. Every baby's experience—even within the same family—is unique. Parents may share their individual stories in their writings or videotapes. They may allow infant/family practitioners to become a part of their family's story, as parents and practitioners work together to help an infant or toddler develop.

Parents teaching practitioners in preservice, inservice and professional development programs

"Parents and practitioners have developed, and are continuing to develop, many new models for parent participation in the training of practitioners."

The brief descriptions that follow illustrate a variety of ways in which parents are acting as trainers of infant/family practitioners. The training approaches described here were chosen because they were well known to members of the TASK Project. Parents and practitioners have developed, and are continuing to develop, many new models for parent participation in the training of practitioners. The organizations listed in the Appendix are good sources of information about ongoing and new training initiatives.

It is worth noting that few of these initiatives would have been possible without support from government funders, private foundations or individual benefactors.

Wheelock College: A century of experience

The need to expose students who are preparing to work with children with special needs and their families to professionals and disciplines other than their own has been operationalized at Wheelock College in three masters-level programs: Early Intervention, Child Life (work in medical settings) and Teaching Young Children with Special Needs (three-to-five-year-olds). Since it was founded in 1888, Wheelock has been a leader in early childhood education and related fields serving children and families. It offers ten masters degree programs as well as six certification programs.

Faculty are committed to ongoing evaluation of existing courses to ensure that they deal adequately with upcoming needs in the field. For example, courses have recently been re-examined to determine the extent to which they incorporate the best training approaches to help students learn how to work effectively with families. This process has resulted in the appointment of a parent of a child with special needs as a student advisor and co-instructor in several courses. This individual serves as a link to parent organizations in the community and models an advocacy role for students.

Another area of intense interest on the part of the faculty is the degree to which course material reflects a multicultural perspective. Efforts are underway to evaluate and revise courses on this dimension.

Contact: Wheelock College Graduate School, 200 The Riverway, Boston, MA 02215, tel. (617) 734-5200, ext. 113

Michigan State University: Understanding children and families with special health care needs

Primary care pediatricians, as a rule, do not receive the kind of training that would allow or motivate them to assume responsibility for the general management of children's chronic illness and its impact on family members. This, despite the fact that they may be the professionals best suited to provide this much-needed service.

Faculty at Michigan State University, recognizing that much of the care of these children is likely to move outside the hospital or clinic setting and that pediatricians will need to be more involved, developed a three-year Chronic Illness Teaching Program for pediatric residents. They identified barriers such as: a preoccupation with curing rather than stabilizing or improving function; a perception that chronic illness is the sole domain of subspecialists; and a view that the management of complex cases is not easily shared with other professionals and, therefore, becomes very burdensome. They then designed the program to address these issues.

In order that they obtain a thorough understanding of the impact of chronic illness on the child, family, professional service providers and society, residents are required to undertake two three-year studies—a longitudinal family study and a clinical case review.

The resident is exposed to the general social, financial, educational, and psychological effects of chronic illness on the child and family through the longitudinal study which includes: conducting at least one home interview with the family each year; accompanying the family during a health or social service visit; observing the child at school; and interviewing other professionals about their contribution to the child's care.

The clinical case review is designed to develop skills in the longitudinal care of a child with chronic conditions. During the first year, the resident and a faculty member conduct an intensive multi-system review of the resident's care of a chronically ill child and this process is repeated yearly with emphasis on constructing a plan for future care.

Attention is also paid to chronic illness issues such as improved function as a desirable outcome, bioethical aspects of chronic illness care, issues in death and dying, and the financial and social policy implications of chronic illness. Each of these training methods gives the resident time to reflect on the impact of the illness for all concerned and to develop skills for long-term care management.

Contact: Chronic Illness Teaching Program, B 240 Life Science Building, Michigan State University, East Lansing, MI 48824, tel. (517) 355-2398

Parent to Parent of Vermont: Parent-professional collaboration in the preparation of early interventionists

Parent to Parent of Vermont, a family centered program of parent support and professional training, has developed a partnership with the University of Vermont to provide preservice training for students in the College of Medicine, the Center for Developmental Disabilities, and the School of Social Work. Emphasis is placed on helping students learn to view the child within the context of the caregiving or family environment and to provide services that are responsive to needs identified by the family.

In the Medical Education Project, begun in 1985, third year medical students are required to attend two lectures and visit children and families in their homes so that they have an opportunity to observe them outside a clinic setting. In the Center for Developmental Disabilities, Parent to Parent of Vermont staff teach a family-centered seminar for students who are studying for a Masters in early intervention and they match students with families for a year-long practicum of six hours per week. Students are supervised by the staff and families meet regularly with staff and students.

In the Department of Social Work, Parent to Parent matches Masters level students with families for nineteen hours of support to the family with the objective of exposing students to principles and practices in family-centered care. Each of these training projects is based on the conviction that students need more in-depth experiences with real children and families in order to understand and be able to practice family-centered care and that parents often make the best teachers.

Contact: Parent to Parent of Vermont, 1 Main Street, #69 Champlain Mill, Winooski, VT 05404, tel. (802) 655-5290

Parents and Professionals Advocating for Collaborative Training (P-PACT): Designing a team approach to training

The need for both parents and professionals to develop effective collaboration skills was the impetus for Parents and Professionals Advocating for Collaborative Training (P-PACT), a project funded in 1985 by a grant from the Office of Special Education and Rehabilitative Services, U.S. Department of Education to San Diego State University, Department of Special Education.

P-PACT has operated with the central belief that effective collaboration between parents and professionals can best be achieved when they are trained together. Staff of P-PACT created a year-long twelve credit course consisting of forty-five modules, each 150 minutes in length. It was offered in five universities in California and led to a Collaboration Specialist Certificate. Professionals from health, social services, education and other fields were invited to identify a parent with whom they would take the training. Parents from a variety of cultures were, likewise, ask to attend the training with a professional with whom they would like to work.

This inservice training model, which includes a practicum and modules on family-professional collaboration, service delivery collaboration, and leadership collaboration has been provided to approximately 100 parent-professional teams across the state and they, in turn, use parts of the course curriculum to train other parents and professionals. The curriculum has also been adapted for use in early childhood departments in universities across the state.

Contact: Special Education Department, San Diego Sate University, North Education #70, College Avenue, San Diego, CA 92182-0144, tel. (619) 594-6665

Family Support Network of North Carolina: Training for parent-to-parent support

Parents of children with chronic illness or developmental disabilities face special challenges and experience complex emotions. One of the best sources of support and information are other parents. With this idea in mind, the Family Support Network of North Carolina was established in 1985 with funds from the North Carolina Council on Developmental Disabilities. It is housed in the Community Pediatrics Division, UNC School of Medicine.

The Network has as one of its primary goals to promote and develop a statewide network of local parent-to-parent support programs that recruit, train, and match volunteer parents (support parents) to offer support and assistance to other parents who need it. This Network has a particular interest in promoting parent/professional collaboration which is accomplished in part by involving physicians and other health care and human services professionals in the training of these support parents. Each parent makes a year-long commitment to the program.

Initial training for support parents takes place in a twelve-hour course, in which issues such as the grieving process, impact of prematurity, chronic illness, and developmental disability on the family, peer counseling, and community resources are discussed. A monthly meeting gives these parents an opportunity for group support and supervision which is provided by the program coordinator or a community professional. The deepening of relationships among the support parents has emerged as one of the primary benefits of these meetings and such experiences seem to encourage some parents to become involved in advocacy and to take on other leadership positions to benefit children with special needs and their families.

A toll free number allows easy access for new parents needing information and community parent-to-parent programs that need technical assistance or support. The Network also keeps an extensive list of parents,resources, and training events across the state.

Contact: Family Support Network of North Carolina, Campus Box 7340, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599, tel. (919) 966-2841

American Occupational Therapy Association: A continuing education curriculum responding to practitioners' needs

A critical shortage of occupational therapists working in early intervention has led the American Occupational Therapy Association (AOTA) to develop a continuing education program aimed at recruiting and retaining occupational therapists to work with children birth to three. This program is based upon several premises: that practicing occupational therapists lack critical knowledge about infancy and early intervention; that they are motivated to learn about and become skilled in these areas; and that, if they become more skilled, they will be more likely to remain in the field.

Funded by a three-year grant from the Office of Special Education and Rehabilitative Services (OSERS), U.S. Department of Education, this training is designed to assist occupational therapists in developing the skills and knowledge that will enable them to be effective in providing early intervention services. Particular emphasis has been placed on learning how to work well with families and involve them in intervention plans as well as how to work with other professionals on interdisciplinary teams. This focus reflects the fact that occupational therapists have long been trained to work alone with children. AOTA has identified these new skill areas as important if they are going to be able to function effectively with the advent of Public Law 99-457.

AOTA's approach was designed not only to train 1000 occupational therapists by the end of 1990, but also to "train the trainers." Eighteen faculty members, including twelve occupational therapists and six parents, were selected to provide the training in teams of three, each consisting of two professionals and a parent. These teams participated in four days of intensive training before they began training the occupational therapists in groups of 50 in 20 three-day workshops across the country.

The key features of this training appear to be its highly interactive style meant to encourage peer support and networking; the opportunity to learn from and experience faculty as role models and mentors; the formalization of parents as teachers and the resulting enhancement of parent/professional collaboration; and the development of additional leadership capability in the field that derives from training of the faculty.

Contact: American Occupational Therapy Association, 1383 Piccard Drive, Box 1725, Rockville, MD 20850, tel. (301) 948-9626

The National Center for Clinical Infant Programs: Supporting colleagues

The National Center for Clinical Infant Programs (NCCIP) was founded in 1977 by a small group of researchers, practitioners and philanthropists, primarily to help professionals from a variety of disciplines learn from each other about new developments in research and practice with infants, toddlers and their families. Over the years, parents have taken an expanding role as contributors to NCCIP's bulletin, *Zero to Three*, as presenters and faculty members at conferences and short courses, as members of work groups such as the TASK Project,and as authors of publications. One of NCCIP's most widely read publications, used in many training programs, is *Equals in This Partnership: Parents of Disabled and At-Risk Infants and Toddlers Speak to Professionals.*

Contact: National Center for Clinical Infant Programs, 2000 14th Street, North, Suite 380, Arlington, VA 22201-2500, tel. (703) 528-4300

IV. An agenda for action

"Advocates need to remember that training for infant/family practitioners takes place within a larger context of child and family policy. Each element can support—or constrain—the effectiveness of the other. Improvements are needed both in the training of service providers and in the supports available to children and families in the earliest years of life."

Parents who are leaders in policy development and are advocates for better services for children and families have many urgent priorities. Parents see families' needs for better access to basic and specialized health care, for affordable child care, and for housing. Many parents also recognize that improving services requires attention to staff training. What comes first? Where should resources—time, energy, and money—go?

Advocates need to remember that training for infant/family practitioners takes place within a larger context of child and family policy. Each element can support—or constrain—the effectiveness of the other. Improvements are needed both in the training of service providers and in the supports available to children and families in the earliest years of life.

The following recommendations constitute an agenda for improving the training of infant/family practitioners. This agenda addresses concerns common to policymakers, parents, professionals and educators. Each recommendation can involve collaboration among several or all of these four "stakeholder" groups, with roles varying depending on the goal to be achieved.

Enriching the elements of training for infant/family practitioners

The four key elements of training should be available to all infant/family practitioners at each stage of their career preparation and development.

Achieving such a goal will be a complex, long-term effort, involving the enrichment of existing training programs and the establishment of comprehensive new initiatives. Yet in the short term, even modest efforts to enhance one, some, or all of these four key elements in training can have a significant impact on individual and program competence.

The following recommendations are meant to suggest priority areas for action. Clearly, complementary efforts that can take advantage of opportunities and resources in particular institutions or communities should also be encouraged.

Building training for all infant/family practitioners on a common conceptual framework

1. Concerted efforts should be made to improve the quality of infant/family content that is offered in preservice, inservice and professional development training.

- A resource bank of curriculum guides and print and audiovisual materials (with particular emphasis on detailed case reports and recent research findings) would give instructors access to the products of successful demonstration training projects.
- "Training of trainers" seminars would expose educators and trainers to state-of-the-art research and clinical information, and at the same time allow them to share effective teaching methods.
- Consortia of educational institutions can collaborate to extend infant/family training to full and part-time students from a range of disciplines, without duplication of effort.

2. Training within each discipline should not only include concepts common to all disciplines concerned with infants, toddlers and their families but should also identify these as concepts shared across disciplines; whenever possible, training itself should be interdisciplinary.

- Textbooks, casebooks and other training materials should be developed or revised so that core concepts are included and are expressed in specific, but non-technical, language.
- Interdisciplinary and parent/professional training, in clinical and classroom

settings, is a mechanism that is particularly well-suited to learning about the importance of relationships—between infant and caregiver, between parents and practitioners, and among colleagues.

Providing opportunities for direct observation and interaction with a variety of children under three and their families

3. Community-based service programs and family settings can be used by both trainees and faculty to expand practice skills.

- Under supervision, students can serve as interns or volunteers in child care, respite care or other programs serving infants, toddlers and their families.
- Parent/child play groups or similar services can be offered by the training institution itself and used by students for observation and/or practicum experience, particularly if infant/family services in the community are limited.
- Academic faculty can be afforded time for clinical practice or consultation to service programs; parents and front-line practitioners can be added to the staff of academic training programs.

Recognizing the importance of supervision

4. Supervision in infant/family programs should be recognized as a major training mechanism that both improves program effectiveness and responds to the needs of individual trainees.

- Monitors and funders of infant/family service programs should examine the frequency, regularity and quality of supervision and consultation available to staff as they make judgments about program quality.
- Placement services for graduating and practicing professionals should stress the quality of supervision as a factor in choosing employment.
- Participating families in infant/parent programs should be knowledgeable about the supervision and consultation resources available to their primary provider or team.

5. Training in supervisory skills should be available in the community under the auspices of professional and/or educational institutions.

- Individual consultation for practitioners who are assuming supervisory responsibilities can be purchased by service programs.
- Ongoing seminars for supervisors from several programs can offer opportunities for peer consultation and training that are unlikely to be available within a single agency.

Mobilizing the power of collegial support

6. Combating the isolation that is an occupational hazard of practice with infants, toddlers and their families should be a top priority for professional development initiatives.

- Outreach to practitioners in remote geographic locations or otherwise isolated work settings can include on-site and telephone consultation from other professionals; teleconferencing and electronic mail; and provision of self-study materials.
- Relatively modest amounts of outside funding can enable organizations of practitioners, of parents, and of combined constituencies concerned with infant/family development to support substantial volunteer training and consultation efforts.
- Conferences and short courses with an infant/family focus can emphasize collaborative presentations within and across disciplines; they can also schedule specific opportunities for participants to share common concerns.

Attending to the context of training

How our country organizes and supports the training of infant/family practitioners is connected to its overall level of investment in the development of

children and families in the earliest years of life. Ignoring that connection is dangerous: there may be a temptation to fund or mandate services without providing for adequately trained personnel, or, conversely, to expect that training can compensate for poor working conditions, unrealistic job expectations, and inadequate salaries.

The following recommendations are based on the assumption that our national commitment to young children and families is increasing, but that resources will be limited for some time to come. The recommendations are designed to be first steps toward addressing the context of training.

7. The process of licensure and certification of infant/family practitioners needs to recognize a continuum of individual competence to work with infants, toddlers and their families.

- Each discipline in the field should invest the time and effort necessary to define the scope and content of infant/family practice and establish appropriate guidelines for endorsement, certification and licensure of practitioners with varying levels of responsibility.
- Policymakers need to give careful thought to the mechanisms by which competence is to be assessed.
- If provisional certification is given to infant/family practitioners in an area facing severe shortages of qualified personnel, standards, mechanisms and timelines for demonstrating competence should also be delineated.

8. The financing of all levels of training for infant/family practitioners deserves a thorough review, as a prerequisite for resource allocation and planning.

- Since substantial federal, state and private funds go to educational institutions that train a variety of professionals, the extent to which this funding results in an increased supply of practitioners appropriately trained to work with infants, toddlers and their families should be studied.
- In their assessment and planning efforts, policymakers should be careful to review all current and potential sources of funding, in the public and private sectors, for model and ongoing training programs.
- The cost and effectiveness of scholarship programs that require trainees to work for a specified period in underserved areas and/or with underserved populations upon graduation should be reviewed.
- The economies of using local, state and regional mechanisms to help coordinate and finance inservice training should be investigated.

9. Child and family advocates should insist that all legislation designed to establish, reauthorize or expand services to infants, toddlers and their families should provide adequate funds for the training of practitioners.

- Parents, professionals, educators and trainers, and policymakers who already recognize the importance of training for infant/family practitioners should collaborate to devise strategies to focus attention on personnel preparation among other members of the four stakeholder groups and the general public.
- Efforts should be made to monitor legislative and regulatory processes closely in order to assure that resources authorized for the training of infant/family practitioners address the full diversity of training needs, resources and settings.

10. Incentives to attract and retain infant/family practitioners in the field must be recognized as critical to the success of work that depends on continuity in human relationships.

- The budgets of programs serving infants, toddlers and their families must include salaries that are adequate to attract beginning practitioners and that increase sufficiently over time to allow experienced workers to provide for their own dependents.
- Non-monetary incentives, such as opportunities for infant/family practitioners to combine work and family roles in different ways at different life stages, should be tried and evaluated for their impact on recruitment and retention of skilled staff.
- Administrative policies concerning caseload size, job responsibilities, and career development should support best practice, so that practitioners' training can be fully applied.

Appendix: Resources for further information

The following organizations, in general, are resources for information on scholarly and professional publications, accredited preservice training programs, continuing education initiatives, and standards for practice.

Professional Organizations

American Academy of Child & Adolescent Psychiatry
3615 Wisconsin Avenue, NW
Washington, DC 20016
(202) 966-7300

American Academy of Family Physicians
600 Maryland Avenue, SW
Washington, DC 20024
(202) 488-7448

American Academy of Pediatrics
141 Northwest Point Blvd.
Elk Grove Village, IL 60007
(708) 228-5005

American Association for Marriage and Family Therapy
1717 K Street, NW, #407
Washington, DC 20006
(202) 429-1825

American Association of Pastoral Counselors
9508-A Lee Highway
Fairfax, VA 22031
(703) 385-6967

American College of Nurse-Midwives
1522 K Street, NW, Suite 1000
Washington, DC 20005
(202) 289-0171

American College of Obstetricians and Gynecologists
409 12th Street, SW
Washington, DC 20004
(202) 638-5577

American Dietetic Association
216 West Jackson Boulevard
Chicago, IL 60606-6995
1-800-877-1600

American Nurses Association
Center for Nursing Practice
2420 Pershing Road
Kansas City, MO 64108
(816) 474-5720

American Occupational Therapy Association
1383 Piccard Drive
Box 1725
Rockville, MD 20850
(301) 948-9626

American Physical Therapy Association
1111 North Fairfax Street
Alexandria, VA 22314
(703) 684-2782

American Psychological Association
1200 17th Street, NW
Washington, DC 20036
(202) 955-7600

American Speech-Language-Hearing Association
10801 Rockville Pike
Rockville, MD 20852
(301) 897-5100

ASPO/Lamaze
1840 Wilson Blvd., Suite 204
Arlington, VA 22201
(703) 524-7802

Childbirth Education Association
P.O. Box 1609
Springfield, VA 22151
(703) 941-7183

Child Welfare League of America
440 First Street, NW
Washington, DC 20001
(202) 638-2952

Council for Early Childhood Professional Recognition
1718 Connecticut Avenue, NW
Suite 500
Washington, DC 20007
(202) 265-9090

Council for Exceptional Children
The Division for Early Childhood
1920 Association Drive
Reston, VA 22091
(703) 620-3660

Family Resource Coalition
230 North Michigan Avenue
Suite 1625
Chicago, IL 60601
(312) 726-4750

Federation for Children with Special Needs
95 Berkeley Street, Room 104
Boston, MA 02116
(617) 482-2915

International Nanny Association
P.O. Box 26522
Austin, TX 78755-0522
800-274-6462

National Association for the Education of Young Children (NAEYC)
1834 Connecticut Avenue, NW
Washington, DC 20009-5786
(202) 232-8777

National Association for Family Day Care (NAFDC)
Children's Foundation
725 15th Street, NW, Suite 505
Washington, DC 20005
800-359-3817 or (202) 347-3356

National Association of Pediatric Nurse Associates & Practitioners
1101 Kings Highway North, Suite 206
Cherry Hill, NJ 08034
(609) 667-1773

National Association of Social Workers
7981 Eastern Avenue
Silver Spring, MD 20910
(301) 565-0333

National Foster Parent Association, Inc.
226 Kilts Drive
Houston, TX 77024
(713) 467-1850

Interdisciplinary Organizations Concerned with Infants and Toddlers

Association for the Care of Children's Health
3615 Wisconsin Avenue, NW
Washington, DC 20016
(202) 244-1801

Healthy Mothers, Healthy Babies
409 12th Street, SW
Washington, DC 20024-2188
(202) 863-2458

INTERACT
20 Hollis Road
East Brunswick, NJ 08816
(201) 390-0134
(leave message)

International Association for Infant Mental Health (IAIMH)
Psychology Research Bldg., Room 129
Michigan State University
East Lansing, MI 48824-1117
(517) 355-4599

International Society for Infant Studies (ISIS)
4260 Girouard, Suite 100
Montreal, Quebec
Canada H4A 3C9
(514) 485-0855

National Association for Perinatal Addiction Research and Education (NAPARE)
11 E. Hubbard St., Suite 200
Chicago, IL 60611
(312) 329-2512

National Center for Clinical Infant Programs
2000 14th St., North, Suite 380
Arlington, VA 22201-2500
(703) 528-4300

Parent Care, Inc.
101½ South Union St.
Alexandria, VA 22314
(703) 836-4678

Society for Research in Child Development (SRCD)
1203 Tolman Hall
University of California
Berkeley, CA 94720
(415) 642-5825

World Association for Infant Psychiatry and Allied Disciplines (WAIPAD)
Joy D. Osofsky, Ph.D.
Louisiana State University
Medical Center
Department of Pediatrics
1542 Tulane Avenue
New Orleans, LA 70112
(504) 568-6221